NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP

DATE: 28 DECEMBER 1977

FILE NO.: 3190

SS NUMBER: 069-26-3138

EMPLOYEE NUMBER: 007667

ID CARD NUMBER:

TO: (Check)

- X CHIEF, CONTROL DIVISION, OP
- CHIEF, CONTRACT PERSONNEL DIVISION, OP
- X CHIEF, (OPERATING COMPONENT FOR ACTION) ATTN: LA

REF.: RETIREMENT

STATUS: X STAFF | CONTRACT

OFFICIAL COVER: ESTABLISHED | CANCELLED | X CONTINUED

SUBJECT: BUSTOS-VIDELA, CHARLOTTE Z.

UNIT: DEPARTMENT OF STATE

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

X ESTABLISHMENT OF OFFICIAL COVER (BLOCK RECORDS)

- [X] BASIC COVER PROVIDED EOD EFFECTIVE DATE
- [ ] OPERATIONAL COVER PROVIDED FOR ____ TDY ____ OTHER *(Specify)*
- X SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY U *(HHB 20-7)*
- X FORM 3254 [illegible] W-2 TO BE ISSUED. *(HHB 20-11)* 94
- X SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. *(HR 240-2e)*
- X SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. *(HR 240-2e)*
- EAA. CATEGORY I | CATEGORY II
- X SUBMIT FORM 2688 FOR ACT HOSPITALIZATION CARD

CANCELLATION OF OFFICIAL COVER (UNBLOCK RECORDS)

- EFFECTIVE DATE:
- FORM 3254 ____ W-2 TO BE ISSUED *(HHB 20-7)*
- SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY ____ *(HHB 20-7)*
- EAA: CATEGORY I | CATEGORY II
- RETURN ALL OFFICIAL DOCUMENTATION TO CCS
- SUBMIT FORM 2688 FOR ____ HOSPITALIZATION CARD.

DO NOT WRITE IN THIS BLOCK -

REMARKS AND/OR COVER HISTORY

SUBJECT WILL BE DENIED FOR ENTIRE PERIOD OF EMPLOYMENT EXCEPT FOR US GOVERNMENT APPLICATIONS.

DISTRIBUTION:
COPY 1 - CD/TRB OR CPD CONTROL
COPY 2 - OPERATING COMPONENT
COPY 3 - OS/SRD
COPY 4 - OC/DO/TFB
COPY 5 - CCS-FILE

VS/TW

CHIEF, OFFICIAL COVER BRANCH, CENTRAL COVER STAFF

FORM 4-77 1551 USE PREVIOUS EDITION SECRET WN-SISM E-2, IMPDET CL. BY: 021964 (13-20-43)